

Figure SC810.F58. Sample Letter to to Former Employee of Job Offer with Copy of  
Acceptance/Declination of Job Offer

**USE INSTALLATION LETTERHEAD**

FROM: AAAA-CC Date

SUBJECT: Job Offer

TO: Mrs. Jane B. Reed  
Street Address  
City, State Zip Code

Dear Mrs. Reed:

The current medical information in your compensation file indicates that you can perform certain work assignments. We are offering you the following position:

Job Title:	Engine Records Clerk
Pay Plan/Series/Grade:	GS-303-04-01
Salary:	\$16,900 per annum
Work Schedule:	Monday through Friday, 0800 - 1630
Organization/Location:	Directorate of Maintenance Pearl Harbor Naval Shipyard Pearl Harbor, HI 96860-5352
Date Job Available:	2 February 1994

The job will remain available until OWCP has made their determination regarding the job offer. This position is the best position that can be offered at this time and is specifically within the limitations given by the reporting physician.

The following describes the duties and environmental requirements of this position. While sitting in a chair, input engine record data into a remote computer terminal. The terminal is at eye level when the operator is in a sitting position, and no reaching or working above shoulder level is required. You may occasionally (twice daily) carry computer listings (weighing no more than 5 pounds) for short distances, approximately 50 feet. You may be required to walk short distances on an intermittent basis, not to

exceed a total of one hour per day. You will be allowed to sit or stand at your convenience, for comfort, and you will be permitted to take frequent walks. A copy of the official position description is also attached for your information.

If you decline this position, and OWCP determines that this is a job that you can do, your benefits under the Federal Employees' Compensation Act will be terminated (except for medical benefits). If you accept this position, the necessary information for determination of loss of wage earning capacity, if any, will be provided to the OWCP claims examiner. In considering this action, you need to be fully aware of the effect this will have on your disability retirement.

If you accept this offer of employment, we will notify the Office of Personnel Management (OPM), Office of Retirement Programs, of your reemployment status. If OPM finds you recovered, your entitlement to disability retirement may be terminated. Future retirement benefits would then be determined under applicable law at that time. Your decision as to acceptance or declination of this offer should be made in writing within 15 days of your receipt of this letter. The enclosed Acceptance/Declination Statement and our self-addressed envelope are provided for this purpose.

If you have any questions, contact Melvin A. Brown at (614) 522-0001.

Sincerely,

JACK E. JONES  
Chief, Employee Relations Division

4 Encl

1. Accept/Decline Stmt
2. Position Description
3. SF 78
4. Envelope

cc: AAAA-DPCS  
OWCP

NOTE TO READER: Remember that the functional requirements of the position must be included in the narrative of the letter. These must comply with the employee's physical limitations. In addition, an SF 78 for the offered position may be provided.

ACCEPTANCE/DECLINATION STATEMENT

PART A

I voluntarily accept the position of \_\_\_\_\_

\_\_\_\_\_ (Grade), \_\_\_\_\_ (pay-annually/hourly)

I make this acceptance voluntarily without pressure or coercion. I request this action be taken effective:

\_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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PART B

I decline this offer of placement to the position of \_\_\_\_\_

\_\_\_\_\_ (Grade), \_\_\_\_\_ (pay-annually/hourly)

I fully understand the consequence that if I decline the job offer and OWCP determines that this is a job I can perform, that I may be terminated or denied compensation benefits (except for medical benefits) under Section 8106(C) of 5 United States Code

Reason for Declining:

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NOTICE: FAILURE TO RESPOND TO THIS JOB OFFER WILL BE  
CONSIDERED A DECLINATION.